

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Christian Beitzel</i>		Town <i>Accident</i>		County <i>Harvard</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
<i>1905</i>		<i>June 28</i>		<i>57</i>		<i>9 16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Accident</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susanne Beitzel</i>					
Father's Name <i>George Beitzel</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Maria Catharine Shuldy</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Susanne Beitzel</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>first 3 mo.</i>
Immediate <i>apoplexy</i>	How long <i>5 min.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. H. Boyer</i>
	Address <i>Accident Md</i>
Accident or Suicide?	



Name
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Nathan. D. Castel

CERTIFICATE OF DEATH

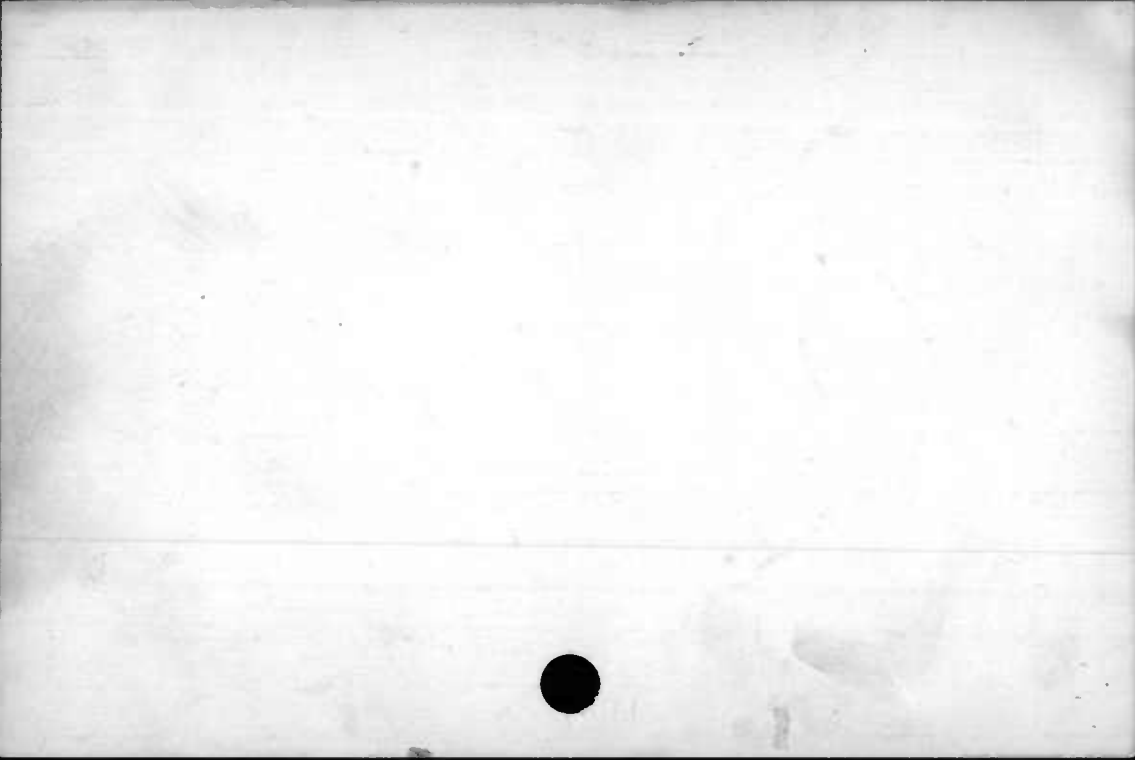
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near</i> <i>Hoyes</i> Town		<i>Barren</i> County		MARYLAND	
Date of death <i>1905</i>	<i>June</i> Month	<i>20</i> Day	Age <i>—</i> Years	Months	<i>4</i> Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Nathan. H. Castel</i>			Father's Birthplace <i>Mo</i>		
Mother's Maiden Name <i>Sadie E. Levitt</i>			Mother's Birthplace <i>Mo</i>		
Name of person giving information <i>Nathan H. Castel</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>NI</i>	How long
Immediate	<i>Spasms</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>S. Savage Undertaker</i>
		Address <i>Friendsville Mo</i>
Accident or Suicide?	<i>no</i>	<i>physician attending</i>



Name
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Howard ~~Clayton~~

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Corleand Md</u> ^{Town}		<u>Yonkers</u> ^{County}	
Date of death <u>1905</u>	<u>June</u> ^{Month}	<u>17</u> ^{Day}	<u>0</u> ^{Years}
Sex <u>male</u>		Color or Race <u>white</u>	Birth-place <u>Massena Ind</u>
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>	
Father's Name <u>Tangier Clayton</u>		Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>Emmrod. Huebner</u>		Mother's Birthplace <u>Md</u>	
Name of person giving information <u>—</u>		How related to deceased <u>—</u>	

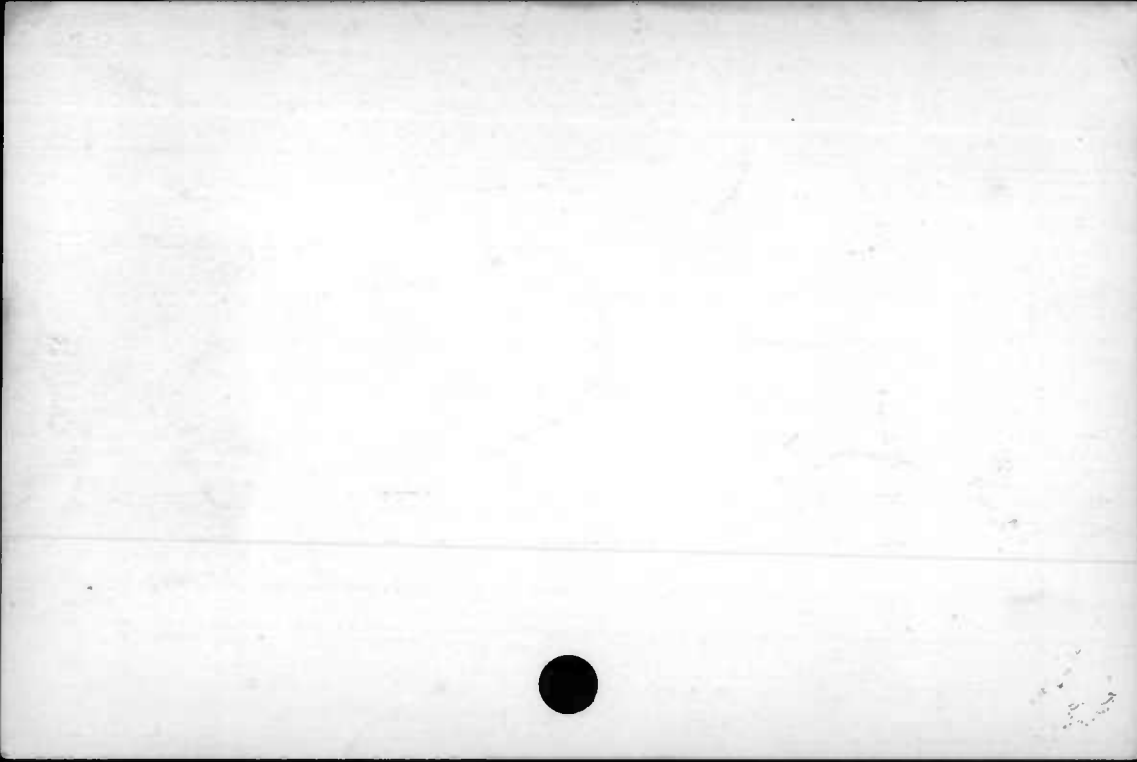
CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary Cause <u>Eutro Coelitis</u>	How long <u>week</u>
Immediate <u>4</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>M. C. Huebner</u>
	Address <u>Corleand Md</u>
Accident or Suicide? <u>—</u>	

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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Oliver Craig Heishman

Town *Servata* County *Garrett* MARYLAND

Died at *Servata*

Date of death 190 *5* June *9* Age *4* Years *8* Months *8* Days

Sex *male* Color or Race *white* Birth-place *md*

Married, Single or Widowed ☒ Occupation *—*

Name of Wife or Husband *—*

Father's Name *Harriet Cate Heishman* Father's Birthplace *md*

Mother's Maiden Name *May Jenkins* Mother's Birthplace *md*

Name of person giving information *H. C. Heishman* How related to deceased *Father*

CAUSES OF DEATH

Primary *Defective Stomach* How long *16*

Immediate *Fire* How long *about 10 min*

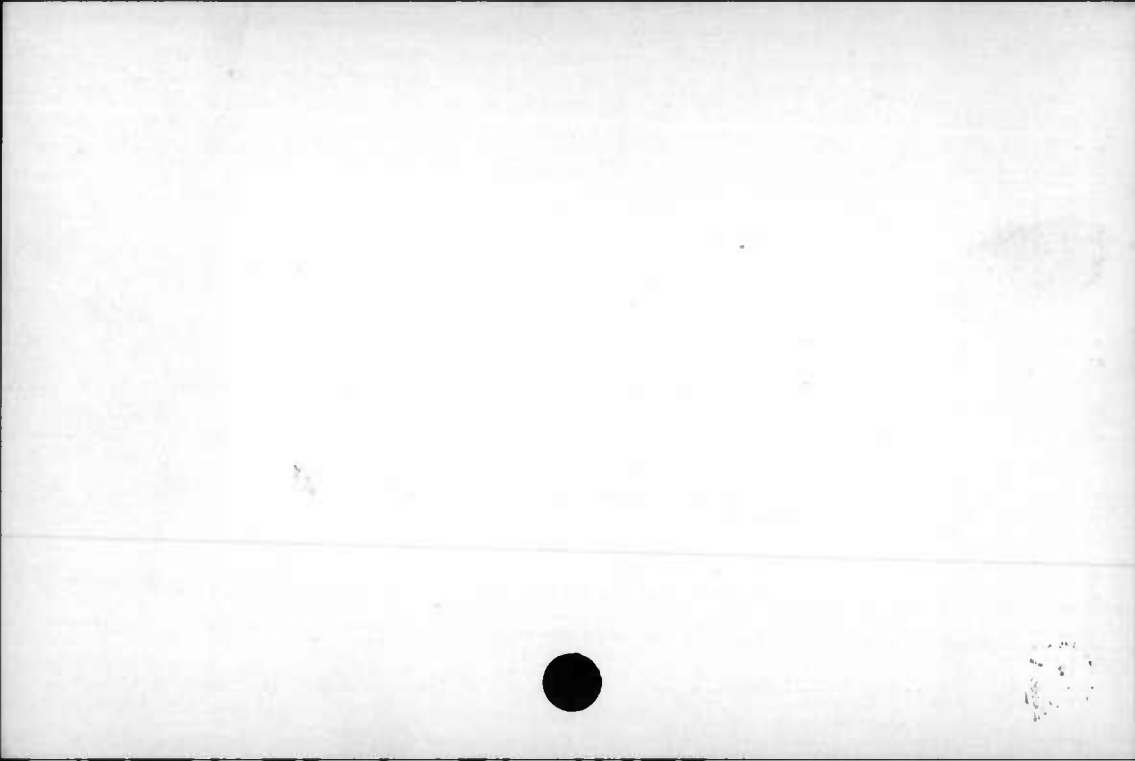
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *O. F. Fozzaker*

Address *Servata md*

Accident or Suicide? *Accident*

PHYSICIAN
OF CORONER



Name
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Cloud Hershman

CERTIFICATE OF DEATH

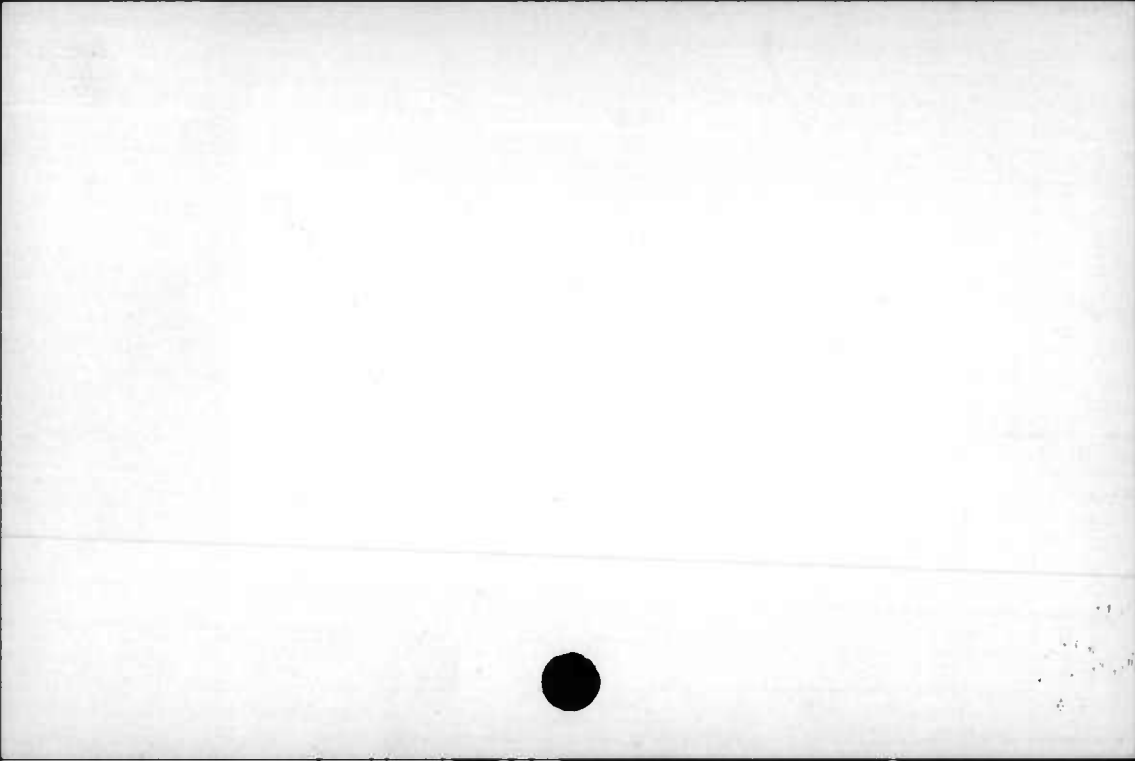
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sevantage		County Garrett		MARYLAND	
Date of death 190	5	Month June	Day 9	Age Years	5	Months 10	Days
Sex	male		Color or Race	white		Birth- place	md
Married, Single or Widowed				Occupation c hied			
Name of Wife or Husband				✓			
Father's Name				Harrison Castro Hershman		Father's Birthplace	W.Va.
Mother's Maiden Name				May Jenkins		Mother's Birthplace	md
Name of person giving In formation				H. Hershman		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Defective Stomach	How long	67
Immediate	fire	How long	About 10 min
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. F. Fozzaker	
Address		Sevantage	
Accident or Suicide?		Accident	



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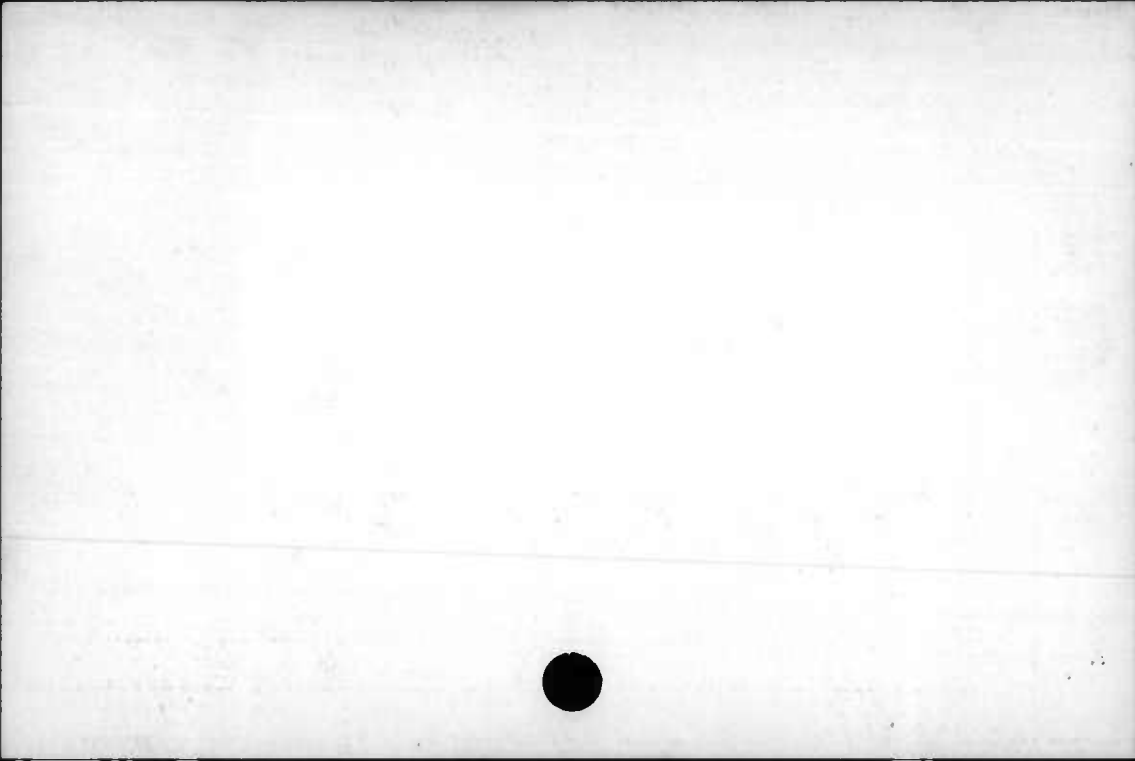
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Severna Park</u> ^{Town}		<u>Island</u> ^{County}		MARYLAND	
Date of death 190 <u>5</u> ^{Month} <u>June</u> ^{Day} <u>9</u>		Age <u>3</u> ^{Years}		Months <u>6</u> Days	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Sue</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>Teacher</u>			
Name of Wife or Husband <u>None</u>					
Father's Name <u>Harrison Carl Hershman</u>		Father's Birthplace <u>Wore</u>			
Mother's Maiden Name <u>Mary Hershman</u>		Mother's Birthplace <u>Sue</u>			
Name of person giving information <u>H. C. Hershman</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Reflexes Stopped</u>	How long <u>First</u>
Immediate <u>First</u>	How long <u>about 10 min</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>D. F. Azubara</u>
	Address <u>Severna Park</u>
Accident or Suicide? <u>Accident</u>	



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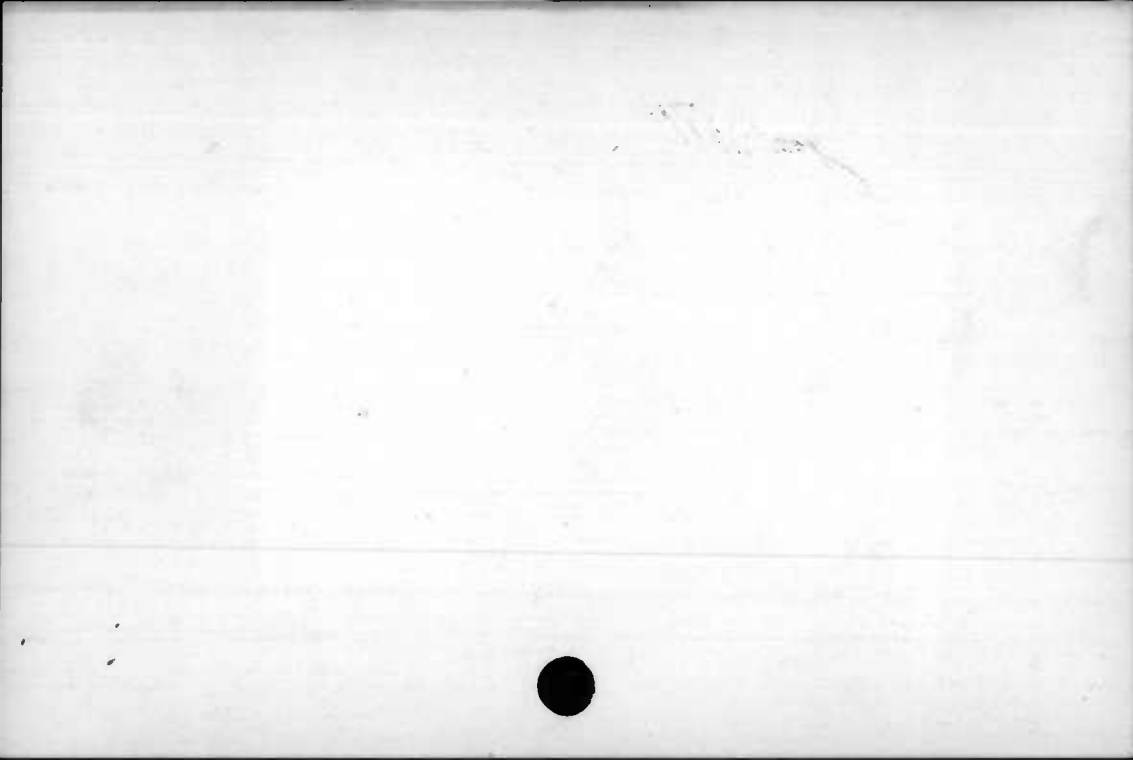
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John M. Michel</i>		Town <i>in Garrett county</i>		County <i>Barrett</i>		MARYLAND							
Died at		Month <i>June</i>		Day <i>5</i>		Age <i>33</i>		Years		Months		Days	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Nova</i>							
Occupation <i>Farmer</i>		Where Residing if not at place of death											
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lizzie E Michel</i>											
Father's Name <i>Marien Michel</i>		Father's Birthplace <i>Nova</i>											
Mother's Maiden Name <i>Sarah</i>		Mother's Birthplace <i>Nova</i>											
Name of person giving information <i>Lizzie E Michel</i>		How related to deceased <i>wife</i>											

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary <i>Typhoid Fever</i>		How long <i>3 weeks</i>	
Immediate <i>"</i>		How long <i>"</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. J. Mason</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide?			



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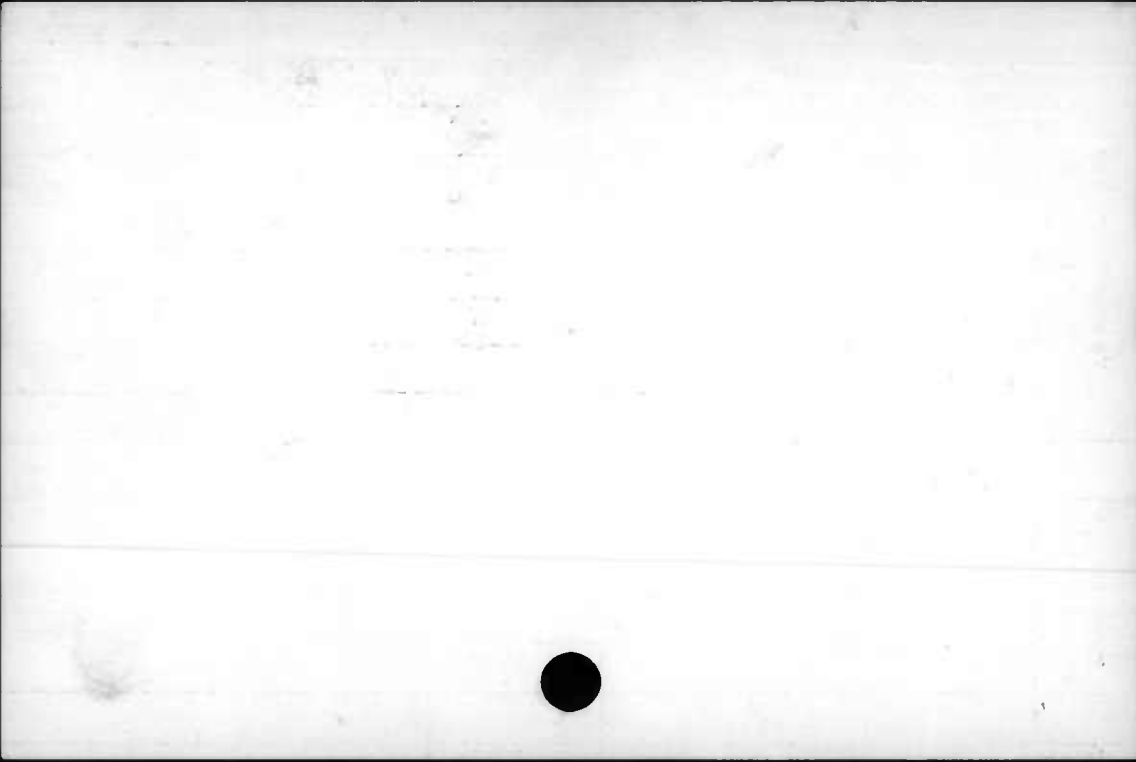
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chautauville</i>		County <i>Garratt</i>		MARYLAND	
Date of death 190	5 th	Month <i>June</i>	Day <i>18</i>	Age <i>69</i>	Years	Months <i>1</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth- place <i>Elk Lick, Pa.</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>housewife</i>					
Name of Wife or Husband <i>- dead</i>							
Father's Name <i>J. M. Hatcher</i>				Father's Birthplace <i>-</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving in formation <i>J. S. Miller</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
CORONER

Primary <i>Paralysis</i>	How long <i>5 months</i>
Immediate <i>Myocardial Regurgitation</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. T. Robinson MD</i>
	Address <i>Chautauville, Md.</i>
Accident or Suicide?	



Name
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Mrs Emma Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} *Bethlehem*County *Saratoga*

MARYLAND

Date of death *1905 June*Day *16*

Age

Years *23*Months *8*

Days

Sex *Female*Color or
Race *White*Birth-
place *Indo*Occupation *H.W.*Where Residing if not
at place of deathMarried, Single
or Widowed *Married*Name of Wife or
Husband *Michael Looker*Father's
Name *Arch Foster*Father's
Birthplace *Indo*Mother's
Maiden Name *Susanna Kruse*Mother's
Birthplace *Indo*Name of person giving
In formation *Joe Lisk*How related
to deceased *none*

CAUSES OF DEATH

Primary *Polio**Polio*How long *7 weeks*Immediate *Larynx infection*How long *3 weeks*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *Henry W. Thomas*Address *Oakland Md*

Accident or Suicide?

PHYSICIAN
OR CORONER

